Practical Skills Test Evaluation

Michigan Department of Labor & Economic Growth Bureau of Construction Codes & Fire Safety Office of Fire Fighter Training P.O. Box 30700, Lansing, MI 48909 517-373-7981

Authority: 1966 PA 291

LOCATION		COURSE / EXAMINATION NAME			COURSE / EXAMINATION NUMBER			
DATE		TEST TEAM LEADER (Print)						
Student No.	Evaluator	Credentials (FF I, F II, 240 Hr., etc	Second Evaluator .) (if applicable)		or	Credentials (FF I, FF II, 240 Hr., etc.)		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
	test proctor should insure safety The proctor has the authority to sto					ct any deficier	icy or unsafe	
Check the following:						Yes	No	
Is the physical site adequate to accommodate the testing?								
2. Are the testing stations properly separated and clearly identified?								
Do the testing stations have the correct equipment as recommended by the OFFT to properly evaluate the test candidate? (hoses, nozzles, ladders, etc.)								
4. Is there an adequate ration of evaluators to test candidates? (minimum of 1 evaluator per station - a combined station would require 1 evaluator)								
5. Are sufficient safety precautions being taken?								
	11 1 0 11 7							
	7. Did the evaluators read the station directions to each test candidate?							
	8. Did you (the proctor) check each test candidate's I.D.?							
	Did you (the proctor) and the Course Manager or designee review the Practical Skills Examination sheets for completeness and accuracy?							
Note: If any	item is marked NO, identify by ite	em number and explain in	comment se	ection.				
Proctors Comments (Attach addendum if necessary)								
I have reviewed this evaluation and understand my signature does not I have reviewed this evaluation with the Course Manager and his or her								
	ment or disagreement.			Designee and provided him or her with a copy.				
Course Manager or Designee's Signature				Proctor / Training Coordinator's Signature				

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